

ISSUE LIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1			
2	✓	✓	
3	✓	✓	
4	0	✓	
5			
6	✓	✓	
7	0	✓	
8	0	✓	
9	0	0	
10	0	✓	
11	0	✓	
12	0	✓	
13	0	✓	
14	0	✓	
15	✓	✓	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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